

(FOR EMPLOYERS **WITH** A PRESCRIPTION DRUG PLAN)

DEPARTMENT OF THE TREASURY - DIVISION OF PENSIONS AND BENEFITS
 NEW JERSEY STATE HEALTH BENEFITS PROGRAM
LOCAL MONTHLY ACTIVE GROUP - LOCAL GOVERNMENT EMPLOYERS
RATES EFFECTIVE 1/1/2007 TO 12/31/2007

PLAN/COVERAGE DESCRIPTION	EMPLOYER SINGLE COST	DEPENDENT COST	TOTAL
<u>NJ PLUS-#001</u>			
Single	\$377.06	-----	\$377.06
Member & Spouse/Domestic Partner	\$378.30	\$460.94	\$839.24
Family	\$378.75	\$597.71	\$976.46
Parent & Child	\$377.60	\$179.18	\$556.78
<u>TRADITIONAL-#002</u>			
Single	\$571.97	-----	\$571.97
Member & Spouse/Domestic Partner	\$573.21	\$674.29	\$1,247.50
Family	\$573.66	\$884.57	\$1,458.23
Parent & Child	\$572.51	\$261.99	\$834.50
<u>AETNA, INC.-#019</u>			
Single	\$338.57	-----	\$338.57
Member & Spouse/Domestic Partner	\$339.81	\$407.92	\$747.73
Family	\$340.26	\$529.41	\$869.67
Parent & Child	\$339.11	\$160.82	\$499.93
<u>CIGNA HEALTHCARE-#020</u>			
Single	\$409.12	-----	\$409.12
Member & Spouse/Domestic Partner	\$410.36	\$482.05	\$892.41
Family	\$410.81	\$653.54	\$1,064.35
Parent & Child	\$409.66	\$204.46	\$614.12
<u>OXFORD-#028</u>			
Single	\$358.73	-----	\$358.73
Member & Spouse/Domestic Partner	\$359.97	\$429.15	\$789.12
Family	\$360.42	\$572.17	\$932.59
Parent & Child	\$359.27	\$178.84	\$538.11
<u>AMERIHEALTH-#033</u>			
Single	\$394.60	-----	\$394.60
Member & Spouse/Domestic Partner	\$395.84	\$482.17	\$878.01
Family	\$396.29	\$626.22	\$1,022.51
Parent & Child	\$395.14	\$187.40	\$582.54
<u>HEALTH NET-#034</u>			
Single	\$382.08	-----	\$382.08
Member & Spouse/Domestic Partner	\$383.32	\$448.99	\$832.31
Family	\$383.77	\$626.60	\$1,010.37
Parent & Child	\$382.62	\$203.50	\$586.12
<u>PRESCRIPTION DRUG PROGRAM-#201</u>			
Single	\$120.88	-----	\$120.88
Member & Spouse/Domestic Partner	\$120.88	\$155.45	\$276.33
Family	\$120.88	\$169.66	\$290.54
Parent & Child	\$120.88	\$40.51	\$161.39

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PLAN/COVERAGE DESCRIPTION	EMPLOYER SINGLE COST	DEPENDENT COST	TOTAL
<u>NJ PLUS-#001</u>			
Single	\$424.50	-----	\$424.50
Member & Spouse/Domestic Partner	\$425.74	\$519.02	\$944.76
Family	\$426.19	\$673.06	\$1,099.25
Parent & Child	\$425.04	\$201.78	\$626.82
<u>TRADITIONAL-#002</u>			
Single	\$668.37	-----	\$668.37
Member & Spouse/Domestic Partner	\$669.61	\$781.35	\$1,450.96
Family	\$670.06	\$1,027.91	\$1,697.97
Parent & Child	\$668.91	\$303.53	\$972.44
<u>AETNA, INC.-#019</u>			
Single	\$463.25	-----	\$463.25
Member & Spouse/Domestic Partner	\$464.49	\$537.58	\$1,002.07
Family	\$464.94	\$662.51	\$1,127.45
Parent & Child	\$463.79	\$171.20	\$634.99
<u>CIGNA HEALTHCARE-#020</u>			
Single	\$536.66	-----	\$536.66
Member & Spouse/Domestic Partner	\$537.90	\$614.69	\$1,152.59
Family	\$538.35	\$789.73	\$1,328.08
Parent & Child	\$537.20	\$215.04	\$752.24
<u>OXFORD-#028</u>			
Single	\$432.26	-----	\$432.26
Member & Spouse/Domestic Partner	\$433.50	\$517.35	\$950.85
Family	\$433.95	\$689.79	\$1,123.74
Parent & Child	\$432.80	\$215.56	\$648.36
<u>AMERIHEALTH-#033</u>			
Single	\$509.13	-----	\$509.13
Member & Spouse/Domestic Partner	\$510.37	\$622.48	\$1,132.85
Family	\$510.82	\$808.43	\$1,319.25
Parent & Child	\$509.67	\$241.92	\$751.59
<u>HEALTH NET-#034</u>			
Single	\$499.91	-----	\$499.91
Member & Spouse/Domestic Partner	\$501.15	\$587.88	\$1,089.03
Family	\$501.60	\$820.41	\$1,322.01
Parent & Child	\$500.45	\$266.49	\$766.94